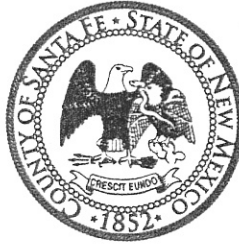


**Henry P. Roybal**  
Commissioner, District 1

**Anna Hansen**  
Commissioner, District 2

**Rudy N. Garcia**  
Commissioner, District 3



**Anna T. Hamilton**  
Commissioner, District 4


**Ed Moreno**  
Commissioner, District 5

**Katherine Miller**  
County Manager

## **MEMORANDUM**

**Date:** *January 29, 2019*

**To:** *Santa Fe County Board of County Commissioners*

**From:** *Stephanie Schardin Clarke, Finance Division Director* 

**Via:** *Katherine Miller, County Manager, Santa Fe County*

**Re:** **Resolution No. 2019-\_\_\_\_, A Resolution Approving a Budget Increase To Indigent Fund (220) in the Amount of \$75,373 to Budget Funds for the Safety Net Care Pool Payment (Finance Division/Stephanie Schardin Clarke)**

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### **ISSUE**

The purpose of this request is to increase the Indigent Fund (220) in the amount of \$75,373 to increase the payment to the Human Services Division (HSD) for the Safety Net Care Pool expense.

### **BACKGROUND**

Pursuant to Section 27-5-6.2 NMSA 1978, HSD annually submits an invoice to Santa Fe County for payment of the county's obligation to the Safety Care Net Pool. The State Safety Care Net Pool was implemented after the federal Affordable Care Act was enacted to ensure that county governments meet their statutory obligations to provide or pay for the care of indigent patients. The county must contribute an amount equal to 1/12% of matched gross receipts from the prior fiscal year. The budget office, along with the Community Service Department, makes an estimate during the budget season based on anticipated gross receipts in the county. The invoice received in FY2019 was for \$3,389,939, while \$3,314,566 was budgeted prior to the receipt of the invoice. An additional amount of \$75,373 is needed to meet the county's annual obligation to HSD.

### **ACTION REQUESTED**

The Finance Division requests approval of this Resolution to budget the additional amount of \$75,373 to the Indigent Fund (220) for expenditures related to the Safety Net Care Pool.



# SANTA FE COUNTY

## RESOLUTION 2019 - \_\_\_\_\_

Page 1 of 4

### A RESOLUTION REQUESTING AUTHORIZATION TO MAKE THE BUDGET ADJUSTMENT DETAILED ON THIS FORM

Whereas, the Board of County Commissioners meeting in regular session on \_\_\_\_\_, did request the following budget adjustment:

Department / Division: CSD/Health Services Fund Name: Indigent Fund (220)

Budget Adjustment Type: Budget Increase Fiscal Year: 2019 (July 1, 2018 - June 30, 2019)

#### BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
220	0000	385	0400	Indigent Fund/Budgeted Cash/Special Assessments	\$75,373	
TOTAL (if SUBTOTAL, check here )					\$75,373	

#### BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
220	0420	461	7201	Indigent Fund/Health Svcs/Health Care Assistance	\$75,373	
TOTAL (if SUBTOTAL, check here )					\$75,373	

Requesting Department Approval: [Signature] Title: CSD Director Date: 1/10/19  
 Finance Department Approval: [Signature] Date: 1/9/19 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_  
 County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Updated by: \_\_\_\_\_ Date: \_\_\_\_\_



# SANTA FE COUNTY

## RESOLUTION 2019 - \_\_\_\_\_

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Patricia Boies Dept/Div: CSD/Health Phone No.: (505)995-9538

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 1) Please summarize the request and its purpose.

Pursuant to Section 27-5-6.2 NMSA 1978, HSD annually submits an invoice to Santa Fe County for payment of the county's obligation to the Safety Care Net Pool. The State Safety Care Net Pool was implemented after the federal Affordable Care Act was enacted to ensure that county governments meet their statutory obligations to provide or pay for the care of indigent patients. The county must contribute an amount equal to 1/12% of matched gross receipts from the prior fiscal. The budget office, along with the Community Service Department, makes an estimate during the budget season based on anticipated gross receipts in the county. The invoice received in FY2019 was for \$3,389,939, while \$3,314,566 was budgeted prior to the receipt of the invoice. An additional amount of \$75,373 is needed to meet the county's annual obligation to HSD.

### a) Employee Actions

Line Item	Action (Add/Delete Position, Reclasse, Overtime)	Position Type (permanent, term)	Position Title

### b) Professional Services (50-xx) and Capital Category (80-xx) detail:

Line Item	Detail (what specific things, contracts, or services are being added or deleted)	Amount

- 2) Is the budget action for RECURRING expense \_\_\_\_\_ or for NON-RECURRING (one-time only) expense X



# SANTA FE COUNTY

## RESOLUTION 2019 - \_\_\_\_\_

Page 3 of 4

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Patricia Boies Dept/Div: CSD/Health Phone No.: (505)995-9538

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 3) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:
  - a) If this is a state special appropriation, YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, cite statute and attach a copy.
  - b) Does this include state or federal funds? YES \_\_\_\_\_ NO X \_\_\_\_\_  
If YES, please cite and attach a copy of statute, if a special appropriation, or include grant name, number, award date and amount, and attach a copy of a award letter and proposed budget.
  - c) Is this request is a result of Commission action? YES \_\_\_\_\_ NO X \_\_\_\_\_  
If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).
  - d) Please identify other funding sources used to match this request.  
N/A



**SANTA FE COUNTY**

**RESOLUTION 2019 - \_\_\_\_\_**

**NOW, THEREFORE, BE IT RESOLVED** by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

**Approved, Adopted, and Passed This \_\_\_\_\_ Day of \_\_\_\_\_, 2019.**

**Santa Fe Board of County Commissioners**

\_\_\_\_\_  
Chairperson

**ATTEST:**

\_\_\_\_\_  
Geraldine Salazar, County Clerk

Gross Receipts by Location: Calculation of 1/12%

	Counties	FY2018	FY19	
		Matched Taxable Gross Receipts (TGR)	1/12% Increment	Quarterly
1	Bernalillo County	\$17,924,457,886.06	\$14,937,048.24	\$3,734,262.06
2	Catron County	\$35,424,102.32	\$29,520.09	\$7,380.02
3	Chaves County	\$1,256,985,485.47	\$1,047,487.90	\$261,871.98
4	Cibola County	\$380,715,758.29	\$317,263.13	\$79,315.78
5	Colfax County	\$281,413,251.58	\$234,511.04	\$58,627.76
6	Curry County	\$932,484,077.25	\$777,070.06	\$194,267.52
7	De Baca County	\$27,066,642.35	\$22,555.54	\$5,638.88
8	Dona Ana County	\$3,706,226,758.23	\$3,088,522.30	\$772,130.57
9	Eddy County	\$5,185,125,197.77	\$4,320,937.66	\$1,080,234.42
10	Grant County	\$480,552,089.12	\$400,460.07	\$100,115.02
11	Guadalupe County	\$98,769,132.18	\$82,307.61	\$20,576.90
12	Harding County	\$16,175,838.67	\$13,479.87	\$3,369.97
13	Hidalgo County	\$192,434,800.09	\$160,362.33	\$40,090.58
14	Lea County	\$5,153,349,556.54	\$4,294,457.96	\$1,073,614.49
15	Lincoln County	\$520,257,930.58	\$433,548.28	\$108,387.07
16	Los Alamos	\$1,391,634,968.93	\$1,159,695.81	\$289,923.95
17	Luna County	\$408,951,301.16	\$340,792.75	\$85,198.19
18	Mckinley County	\$1,051,741,187.85	\$876,450.99	\$219,112.75
19	Mora County	\$40,833,264.71	\$34,027.72	\$8,506.93
20	Otero County	\$928,437,761.32	\$773,698.13	\$193,424.53
21	Quay County	\$146,716,154.05	\$122,263.46	\$30,565.87
22	Rio Arriba County	\$412,917,074.10	\$344,097.56	\$86,024.39
23	Roosevelt County	\$283,520,764.71	\$236,267.30	\$59,066.83
24	San Juan County	\$3,140,989,765.49	\$2,617,491.47	\$654,372.87
25	San Miguel Co	\$379,423,699.32	\$316,186.42	\$79,046.60
26	Sandoval County	\$1,495,220,280.85	\$1,246,016.90	\$311,504.23
27	Santa Fe County	\$4,067,926,525.69	\$3,389,938.77	\$847,484.69
28	Sierra County	\$164,051,049.85	\$136,709.21	\$34,177.30
29	Socorro County	\$191,086,701.59	\$159,238.92	\$39,809.73
30	Taos County	\$676,289,893.26	\$563,574.91	\$140,893.73
31	Torrance County	\$208,362,894.34	\$173,635.75	\$43,408.94
32	Union County	\$106,733,270.13	\$88,944.39	\$22,236.10
33	Valencia County	\$1,053,007,040.87	\$877,505.87	\$219,376.47
34	TOTAL	\$52,339,282,104.72	\$43,616,068.42	\$10,904,017.11

Source: New Mexico Taxation and Revenue Department, Monthly Local Government Distribution Reports (RP-500). Data is by business activity month.







HUMAN SERVICES  
DEPARTMENT

Susana Martinez, Governor  
Brent Earnest, Secretary  
Nancy Smith-Leslie, Director

November 16, 2018

Dear County Representative:

As you may be aware, the Safety Net Care Pool fund was created to make payments to qualifying hospitals. Section 27-5-6.2 NMSA 1978 requires counties to transfer an amount equal to a gross receipts tax rate of one-twelfth percent to the Safety Net Care Pool fund annually. The total amount is divided into four quarterly payments and statute directs each county to transfer the amount by the last day of March, June, September and December.

This correspondence serves as a reminder that the quarterly transfer to the Safety Net Care Pool fund is due. For your reference the enclosed table lists the amount equal to a gross receipt tax rate of one-twelfth percent for each county along with the calculated quarterly amount. This information can also be found at <http://www.tax.newmexico.gov/gross-receipts-taxes.aspx>.

The law also states that "a county may use public funds from any existing authorized revenue source of the county." Counties must also submit certification that the funding being transferred is from public funds ("authorized" revenue sources). This certification is required by federal regulation (see, for example 42 CFR §433.50-51). Please complete and sign the enclosed certification of participation template.

Send the original signed certification and a check made payable to the Human Services Department for the quarterly amount due to the Safety Net Care Pool fund to the following address:

HSD/Medical Assistance Division  
Attn: Financial Management Bureau  
P.O. Box 2348  
Santa Fe, NM 87504-2348

If sending via Fed Ex or UPS:  
HSD/Medical Assistance Division  
Attn: Financial Management Bureau  
Ark Plaza  
2025 S. Pacheco Street  
Santa Fe, NM 87505

We would appreciate if you could send your 2<sup>nd</sup> Quarter payment in by December 31, 2018 due date.

If you have any questions regarding the Safety Net Care Pool fund, please feel free to call me at (505) 827-6235 or email [Esther.Martinez@state.nm.us](mailto:Esther.Martinez@state.nm.us). Thank you for your prompt attention to this matter.

Sincerely,

Esther L. Martinez, Financial Specialist AO-O

Financial Management Bureau

Encl.





NEW MEXICO HUMAN SERVICES DEPARTMENT  
SAFETY NET CARE POOL PAYMENT PROGRAM  
CERTIFICATION FOR LOCAL GOVERNMENTAL ENTITY PARTICIPATION

2<sup>nd</sup> QUARTER OF SFY 19

On behalf of Santa Fe County, a County organized  
under the laws of the State of New Mexico (hereinafter referred to as the "Local Governmental  
Entity"), I, Katherine Miller affirm and certify the following:

**I. Definitions**

- A. The term "Local Governmental Entity" means any County or Counties that makes a transfer of funds to the State of New Mexico for the purpose of funding a payment to any hospital under the New Mexico Medicaid program.
- B. The term "Supplemental Payment" means any payment to a hospital pursuant to the Safety Net Care Pool ("SNCP") Payment provisions of the New Mexico Medicaid program.
- C. The term "State" means the State of New Mexico or any of its officers or agencies.

**II. Public Adoption and Access**

- A. The governing body of the Local Governmental Entity adopted the conditions described in this Certification by recorded vote taken in a public meeting held in compliance with the applicable state and federal laws.

**III. Funding for the Supplemental Payments**

- A. The Local Governmental Entity shall transfer Public Funds to the State of New Mexico for use as the non-federal share of the Safety-Net Care Pool supplemental Medicaid payments to one or more hospitals in accordance with the New Mexico Indigent Hospital and County Health Care Act, NMSA 1978, Sections 27-5-1 to 12.1, specifically NMSA 1978, Section 27-5-6.1.
- B. All transfers of Public Funds by the Local Governmental Entity to the State to support payments to hospitals under the SNCP must comply with:
  - (1) The applicable regulations that govern provider-related donations codified at section 1903 (s) of the Social Security Act (42 U.S.C. § 1396 b(w)), and Title 42, Code of Federal Regulations, Part 433, subpart B, section 433.52 and 433.54; and

V. Education

A. Consistent with its constitutional, statutory, and fiduciary obligations, the Local Governmental Entity may evaluate a Hospital's historical experience in providing indigent care in the community, including the impact and amount of indigent care provided by the Hospital, for the following purposes:

- (1) To determine whether the Hospital's performance benefit the community and whether its continued participation in the indigent care program is likely to continue to benefit the community; and/or
- (2) To provide accountability to local taxpayers.

B. The Local Governmental Entity's evaluation under this provision may:

- (1) Occur on a schedule determined by the Local Governmental Entity, but not more often than once each calendar quarter;
- (2) Be documented in a manner sufficient to confirm achievement of the Local Governmental Entity's mission and provide an appropriate and constitutional basis on which a transfer of Public Funds has been made to the State; and
- (3) Not include consideration of matters expressly prohibited herein or prohibited by state and federal laws and regulations.

ON BEHALF of the Local governmental Entity, I hereby certify that I have read and understood the above statements; that the statements are true, correct, and complete; and that I am authorized to bind the Local Governmental Entity and to certify to the above.

Katherine Miller  
SIGNATURE

11.19.18  
DATE

Katherine Miller, County Manager  
PRINTED NAME AND TITLE





